

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000017865

Entity Name: CLARITY HEALTHCARE SOLUTIONS, LLC**Current Principal Place of Business:**5005 W LAUREL ST
SUITE 100
TAMPA, FL 33607**Current Mailing Address:**5005 W LAUREL ST
SUITE 100
TAMPA, FL 33607 US**FEI Number:** 83-3333810**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DURST & JORDAN CPA PA
4459-B HWY 90
PACE, FL 32571 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JOSHUA DURST

02/05/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name DURST, JOSHUA C
Address 4459-B HIGHWAY 90
City-State-Zip: PACE FL 32571

Title MANAGER
Name ZIDAN, TARA
Address 5005 W LAUREL ST
SUITE 100
City-State-Zip: TAMPA FL 33607

Title MANAGER
Name HASAN, SEAN
Address 5005 W LAUREL ST
SUITE 100
City-State-Zip: TAMPA FL 33607

Title MANAGER
Name GUREN, DAVID
Address 5005 W LAUREL ST
SUITE 100
City-State-Zip: TAMPA FL 33607

Title MANAGER
Name PIERCE, JOSHUA
Address 5005 W LAUREL ST
SUITE 100
City-State-Zip: TAMPA FL 33607

Title MANAGER
Name GUREN, DAVID
Address 5005 W LAUREL ST
SUITE 100
City-State-Zip: TAMPA FL 33607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSHUA DURST

MANAGER

02/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date